

Case Number:	CM14-0101619		
Date Assigned:	09/16/2014	Date of Injury:	12/08/2002
Decision Date:	10/15/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/01/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56-year-old female who sustained an injury on December 8, 2002. She notes decreased thoracic, low back, and bilateral leg pain. Thoracolumbar spine and lower extremities exam revealed decreased segmental hypomobility and paravertebral myofascial spasm, and tenderness above the T10-S1 fusion. An exam revealed an antalgic gait and sensation to light touch in the posterolateral thighs and lower legs bilaterally. Bilateral patellar deep tendon reflexes were 1+/4 while the bilateral Achilles deep tendon reflexes were absent. An active range of motion of the lumbar spine revealed flexion 20, extension 0 and lateral bending 15 bilaterally. She had a maxillary procedure, posterior segmental instrumented fusion with anterior release, and anterior interbody fusion on 11/30/06, repair of the L1-2 pseudoarthrosis with revision of the segmental instrumentation from T10 to L4 on 4/20/10. She reported overall decrease in low back and right leg radiating pain with use of the neurostimulation system. Her medications include OxyContin, Oxycodone, Colace, Verapamil, Lisinopril, and Mevacor. Diagnoses include low back pain; L4-5 and L5-S1 disc protrusion without myelopathy; status post T10-S1 anterior and posterior fusion; severe lumbar levoscoliosis; right sciatic neuropathy due to right piriformis syndrome; myofascial pain syndrome lumbar paravertebral muscles; bilateral iliolumbar and bilateral sacroiliac ligament enthesopathy; and sleep disturbance due to chronic pain. The request for Alprazolam 25 mg twice a day as needed #60; Ondansetron 8 mg 1 tab three times a day as needed #80; Lyrica 100 mg 1 cap q8.h. #45; and Colace 250 mg twice daily for 3 months #180 were denied on 06/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Colace 250 mg; Bid for 3 months #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioid-induced constipation treatment

Decision rationale: Per the Official Disability Guidelines, treatment of opioid induced constipation is recommended as indicated below. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal gastrointestinal motility. Constipation occurs commonly in workers receiving opioids and can be severe enough to cause discontinuation of therapy. As such, the medical necessity of Colace has not been established per guidelines. It is therefore considered not medically necessary.

Alprazolam 0.25 mg Bid for 3 months #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment, Benzodiazepines Page(s): 24.

Decision rationale: Per guidelines, Alprazolam is not recommended for long-term use. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression. According to the guidelines, benzodiazepines are not recommended. These medications are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The medical records do not reveal a clinical rationale that establishes Alprazolam is appropriate and medically necessary for this worker, thus the request is not medically necessary.

Ondansetron 8 mg 1 Tab Bid PRN 3 months #270: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN, ANTIEMETICS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antiemetics (for opioid nausea)

Decision rationale: The California Medical Treatment Utilization Schedule guidelines have not addressed the issue of dispute. According to the Official Disability Guidelines, Antiemetic's (for opioid nausea) is not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron is a serotonin 5-HT₃ receptor antagonist. It is Food and Drug Administration-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also Food and Drug Administration-approved for postoperative use. Acute use is also-approved for gastroenteritis. Furthermore, there is no documentation of nausea refractory to first line treatments. In the absence of documented symptoms of nausea and vomiting secondary to chemotherapy and radiation treatment or any signs and symptoms of acute gastroenteritis, the request is not medically necessary according to the guidelines.

Lyrica 100 mg 1 Capsule 8 Hours #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Page(s): 19.

Decision rationale: As per California Medical Treatment Utilization Schedule guidelines, Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has Food and Drug Administration approval for both indications, and is considered first-line treatment for both. It is also approved for treatment for generalized anxiety disorder and social anxiety disorder. There is no documentation that the worker has been diagnosed with diabetic neuropathy, postherpetic neuralgia, or anxiety disorder. Thus, the medical necessity has not been established and the request is not medically necessary.